

AUG-18-2003 TUE 05:17 PM PROCOPIC, CORY, HARGREAV FAX NO. 818

P. 02

Patent
WOOD02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:)
Arthur F. Woodrow) Group Art Unit: Unknown
Serial No.: Unknown) Examiner: Unknown
Filed: Herewith)
For: FILING CABINET DEVICE AND)
METHOD OF USE)

DECLARATION OF ARTHUR F. WOODROW

I, Arthur F. Woodrow, declare as follows:

1. I am over 65 years of age.
2. Attached is a copy of my driver's license showing that I am over 65 years of age.

I declare that the statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true, and further: that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

Dated: 8/19/03By: 
Arthur F. Woodrow

ARIZONA
Driver License

Number D01141158
Expires 12/12/2007
Date of Birth 12/12/1922
Issued 01/15/2003

ARTHUR FRANCIS WOODROW
2835 N CALLE LADERA
TUCSON AZ 85715

Class D Sex M
EYES BROWN Height 5-01
Hair GRAY Weight 135

Arthur Woodrow



**UTILITY DECLARATION
AND POWER OF ATTORNEY
Utility Application**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **FILING CABINET DEVICE AND METHOD OF USE** the specification of which

(Check One) ☒ is attached hereto OR
☐ was filed on _____ as United States Application Serial No or PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Date of Filing | Priority Claimed | |
|--|---------|----------------|------------------|----|
| | | | Yes | No |
| | | | | |

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date |
|-----------------------|-------------|
| | |

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application Number | PCT Parent Number | Parent Filing Date | Status-Patented, Pending or Abandoned |
|-----------------------------------|-------------------|--------------------|---|
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